

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10578,050

FILING DATE

05-01-06

APPLICANT(S)

12-20-06 CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14			1		1	
15						
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21			1		1	
22			1		1	
23			1		1	
24			1		1	
25			1		1	
26			1		1	
27			1		1	
28			1		1	
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2		2	
TOTAL DEP.			12		11	
TOTAL CLAIMS			14		13	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						